

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7861-58 58-029943
STATE FILE NUMBER

FILED AUG 28 1958		Registration District No. 290		Primary Registration District No. 5985		Registrar's No. 130	
1. PLACE OF DEATH a. COUNTY Pulaski				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fort Leonard Wood				c. CITY OR TOWN Fort Leonard Wood		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION US Army Hospital				Length of stay in 1b -		d. STREET ADDRESS (If outside, give location) US Army Hospital	
3. NAME OF DECEASED (Type or print) First Middle Last Donald Stewart Adams				4. DATE OF DEATH Month Day Year August 18 1958			
5. SEX Male ☒ Female ☐		6. COLOR OR RACE Negroid		7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐		8. DATE OF BIRTH August 11 1958	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) --		10b. KIND OF BUSINESS OR INDUSTRY --		11. BIRTHPLACE (City and state or country) Fort Leonard Wood, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William D Adams				14. MOTHER'S MAIDEN NAME Christine Elizabeth Dodd			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. --		17. INFORMANT Address William D Adams			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive Peritonitis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Gastric Hemorrhage and Gangrene DUE TO (c) Ruptured Gastric Ulcer (Recent Repair) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 5401							INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT ☐		SUICIDE ☐		HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 11 August 1958, to 18 August 1958 and last saw ^{her} him alive on 18 August 1958 Death occurred at 4:20 P m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Typed or title) Buye Louis Cart Mc				22b. ADDRESS US Army Hospital Fort Leonard Wood, Missouri		22c. DATE SIGNED 19 Aug 58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug 22, 1958		23c. NAME OF CEMETERY OR CREMATORY Ft Wood Cemetery		23d. LOCATION (City, town, or county) (State) Ft Leonard Wood Missouri	
24. FUNERAL DIRECTOR HEDGES FUNERAL HOMES INC CROCKER		25. DATE RECD. BY LOCAL REG. MO 8-22-58		26. REGISTRAR'S SIGNATURE Emilia Grace Anderson			

(Licensed Embolmer's Statement on Reverse Side)

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1-56
0850
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
#18 verified by autopsy rpt
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James J. Moss.....

Licensed Embalmer No. 480

P. O. Address Waynesville,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.